

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, March 27, 2015 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Lewis M. Collens; Ada Mary Gugenheim; Emilie N. Junge; Carmen Velasquez; and Dorene P. Wiese (7)

Present

Telephonically: Directors Ric Estrada and Wayne M. Lerner, DPH, LFACHE (2)

Absent: Director Erica E. Marsh, MD, MSCI (1)

Director Gugenheim, seconded by Director Collens, moved to allow Directors Estrada and Lerner to participate in the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer

Krishna Das, MD - Chief Quality Officer

Douglas Elwell – Deputy CEO of Finance and Strategy, Interim Deputy CEO of Operations

Claudia Fegan, MD - Executive Medical Director/Medical Director Stroger Hospital

Steven Glass – Executive Director of Managed Care

Randolph Johnston – Associate General Counsel

Gladys Lopez – Chief of Human Resources

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Joyce Schoonover – Director of Risk Management

Tom Schroeder – Director of Internal Audit

John Jay Shannon, MD – Chief Executive Officer

Caryn Stancik – Executive Director of Communications

II. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore Concerned Citizen
2. Okema Lewis Concerned Citizen/Mother of former patient

III. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #7 - Report from the Chief Executive Officer.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, February 27, 2015

Director Junge, seconded by Director Velasquez, moved the approval of the Minutes of the Board of Directors Meeting of February 27, 2015. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Quality and Patient Safety Committee Meeting, March 17, 2015

i. Metrics (Attachment #1)

ii. Meeting Minutes

- Medical Staff Appointments/Reappointments/Changes

Director Gugenheim presented the Meeting Minutes and reviewed the metrics and overview of the presentation on linguistically appropriate care with Dr. Krishna Das, Chief Quality Officer. The Board reviewed and discussed the information.

Following the review of the presentation on linguistically appropriate care, Director Junge requested that metrics be provided regarding language and quality at Cermak Health Services. Dr. Das responded that these will be presented.

Director Gugenheim, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of March 17, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Audit and Compliance Committee Meeting, March 19, 2015

i. Metrics (Attachment #2)

ii. Meeting Minutes

- Charter for Audit and Compliance Committee

Director Velasquez presented the Meeting Minutes and reviewed the metrics with Cathy Bodnar, Chief Corporate Compliance and Privacy Officer. The Board reviewed and discussed the information.

Chairman Hammock observed that it has been challenging to come up with appropriate metrics for the Audit and Compliance Committee; however, by looking at the number and origins of compliance issues as the Board did today, it would appear that this can be helpful information to receive on a quarterly basis. If, for example, the report reflected a mushrooming of Health Insurance Portability and Accountability Act (HIPAA)- related issues, he believed that this would provide a clear indication to the Board that there are areas that need work.

Director Velasquez, seconded by Director Junge, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of March 19, 2015. THE MOTION CARRIED UNANIMOUSLY.

D. Managed Care Committee Meeting, March 19, 2015

i. Metrics (Attachment #3)

ii. Focus Area Presentation (included in Attachment #3)

iii. Meeting Minutes

Director Lerner presented the Meeting Minutes and reviewed the metrics and Focus Area Presentation with Steven Glass, Executive Director of Managed Care. The Board reviewed and discussed the information.

IV. Board and Committee Reports**D. Managed Care Committee Meeting, March 19, 2015 (continued)**

During the discussion of slide 12, Vice Chairman Butler inquired regarding the policy regarding patients who lose or misplace their 90-day prescriptions. Dr. Claudia Fegan, Executive Medical Director/Medical Director of Stroger Hospital, stated that when a patient loses or misplaces their 90-day supply, they will not receive another supply without payment; they will be required to pay for the second prescription. Vice Chairman Butler noted that many of the System's patients are unable to afford this. Mr. Glass stated that the rules for Medicaid are a little bit different; the administration could consider charging a co-payment or a higher co-payment, but they are not able to pass on the full cost of the medications to someone with Medicaid. He suggested that this could perhaps be the approach taken with someone who is uninsured. He noted that, currently, there are no co-pays required right now for CountyCare, for either 30- or 90-day prescriptions. Chairman Hammock requested that Mr. Glass return with more information regarding what is permitted and if a policy exists¹.

An update on marketing and outreach was provided by Caryn Stancik, Executive Director of Communications. She stated that the first year's marketing contract was focused almost wholly on the marketing of CountyCare for the purposes of enrollment; the administration is now winding that contract down. A new Request for Proposals (RFP) is currently being developed and finalized; this will be for services that combine CountyCare with CCHHS, with CCHHS being more of the priority in the next round of marketing. That RFP is expected to be released soon.

Director Lerner, seconded by Director Butler, moved the approval of the Minutes of the Managed Care Committee Meeting of March 19, 2015. THE MOTION CARRIED UNANIMOUSLY.

E. Human Resources Committee Meeting, March 20, 2015**i. Metrics** (Attachment #4)**ii. Focus Area Presentation** (included in Attachment #4)**iii. Meeting Minutes**

- CCHHS Chief Executive Officer John Jay Shannon, MD's initial proposed Executive Incentive Plan, pursuant to the Executive Employment Agreement

Director Wiese presented the Meeting Minutes and reviewed the metrics and Focus Area Presentation with Gladys Lopez, Chief of Human Resources. The Board reviewed and discussed the information.

Director Wiese, seconded by Director Lerner, moved the approval of the Minutes of the Human Resources Committee Meeting of March 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

F. Finance Committee Meeting, March 20, 2015**i. Metrics** (Attachment #5)**ii. Meeting Minutes**

- Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)

Director Collens presented the Meeting Minutes and reviewed the metrics with Douglas Elwell, Deputy CEO of Finance and Strategy. The Board reviewed and discussed the information.

Director Collens, seconded by Director Lerner, moved the approval of the Minutes of the Finance Committee Meeting of March 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly to the Board for its consideration.

B. Any items listed under Sections IV, V and VIII

VI. Report from Chairman of the Board (Attachment #6)

Report on Board Attendance

Chairman Hammock stated that the Minutes for this meeting will include a quarterly attendance report that highlights attendance at Board Meetings and Committee Meetings. It also includes attendance at Committee Meetings by non-Director Members and by those Directors who are not members of the Committees who attend for informational purposes. He was happy to report that the Board has had excellent attendance over the last quarter. The next quarterly report is expected to be presented in June, for the period through May 2015.

Update on Cook County Health Foundation

Chairman Hammock stated that the Cook County Health Foundation held their first event in November; for this event, they asked for contributions and solicited gifts specifically for the Emergency Department. This morning, Dr. Shannon and Foundation Chair Warren Batts, who is a former CCHHS Board Chairman, delivered a check in the amount of \$193,000 to the Emergency/Trauma Department as a result of that event.

VII. Report from Chief Executive Officer (Attachment #7)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #7. The Board reviewed and discussed the information.

A. Strategic Plan Agenda (Attachment #8)

Dr. Shannon provided an overview of the presentation regarding the Strategic Plan Agenda. The Board reviewed and discussed the information.

Topics covered in the presentation included the following:

- Requirements pursuant to the Cook County Enabling Ordinance
- Elements of Strategic Plan
- Process
- Timeline

Chairman Hammock stated that this presentation is intended for Dr. Shannon to kick-off how he is planning to get started with strategic planning. Chairman Hammock and Dr. Shannon have talked about what technique they will use to keep the Board abreast and involved in these discussions. He emphasized that this plan will not try to predict what health care is going to be like twenty years from now; rather, this is about a very tactical plan over the next three years to get the System to the next level of sophistication with the Affordable Care Act (ACA), Ambulatory program, etc. He added that information will be shared with the County officials, as well.

VIII. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Minutes of the Quality and Patient Safety Committee Meeting, March 17, 2015**
- D. Minutes of the Audit and Compliance Committee Meeting, March 19, 2015**
- E. Minutes of the Human Resources Committee Meeting, March 20, 2015**
- F. Approval of CCHHS Chief Executive Officer John Jay Shannon, MD's initial proposed Executive Incentive Plan, pursuant to the Executive Employment Agreement**

Director Velasquez, seconded by Director Junge, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c)(29), regarding "meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America."

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Collens, Gugenheim, Junge, Lerner, Velasquez and Wiese (8)

Nays: None (0)

Absent: Directors Estrada and Marsh (2)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Director Wiese, seconded by Director Lerner, moved to approve the Chief Executive Officer's performance metrics, as discussed by the Directors during today's closed meeting. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Regarding question of what is permitted and if a policy exists for patients who lose or misplace their 90-day prescriptions. Page 3.

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ATTACHMENT #1

Board Quality Dashboard

	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB		
1	CCHHS QPS			CCHHS Board Metrics - Quality													
2	Data as of 03/10/2015															TARGET	VARIANCE
3	PERFORMANCE MEASURES			CY 2014													
4				Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
5																	
6	Stroger																
7	Core Measures			Monthly Composite													
8	Venous Thromboembolism (VTE) (%)			81	84	79	73	86	81	92	85	88	88	83	84	99%	-14.80%
9	Stroke (%)																
10	Immunizations (%)																
11	Efficiency - Operating Room			Monthly %													
12	On-Time Start (%)			32	30	40	47	38	48	38	41	32	35	45	35	80	-45%
13	Room Turn Around Time (minutes)																
14	Safety			Total # of Events													
15	HAC: Pressure Ulcer Stages III & IV <i>Adult discharges (> 18) with LOS > 5 days; per 1000 discharges</i>																
16	HAC: Falls with Injury <i>All med/surg units and ICUs/CCUs; per 1000 patient-days</i>			15	11	15	7	12	10	9	10	7	6	5	2		
17	HAI: CLABSI SIR <i>Eligible units include all units with laboratory confirmed event.</i>																
18	HAI: CAUTI SIREligible units include all units witconfirmed event.																
19	Patient Experience																
20	Overall Rating of Hospital (% top box)				55	63	62	60	61	69	66	65	66	73	61	85%	-10%
21	Communication with Doctors (% top box)																
22	Communication with Nurses (% top box)																
23	Cleanliness (% top box)																
24	Provident																
25	Core Measures																
26	Venous Thromboembolism (VTE) (%)			59	68	87	52	62	84	54	64	84	54	64	84	99.0%	-4.9%
27	Immunizations (%)																
28	ACHN																
29	Diabetes Control % with Hgb A1C < 9%			76		73		77		78		78%		0%			
30	Immunizations: Up to date in children at 24																
31	Patient Experience: Moving Through Visit			66		68		68		67		75%		-8%			
32	Patient Experience: Telephone Access			63		60		63		62		75%		-13%			



CCHHS Board of Directors Meeting March 27, 2015

Overview of Linguistically Appropriate Care Presentation from March 17th QPS Committee Meeting

Krishna Das, MD, Chief Quality Officer

Learning & Language Assessment*

General Learning Screening Tool

1. Responsible Learner Present?

☒ Patient
☐ Parent(s)/Guardian
☐ Other:

Preferred Learning Method
3. How do you prefer to learn new information? (Check all that apply)

☐ Do or Practice
☐ Read
☐ Small Group
☐ Talk
☐ Media (kiosk, videos, interactive displays)
☐ Other:

Health Literacy Screening
5. How confident are you filling out medical forms by yourself? Responses linked to Health Literacy Rating

☐ Extremely
☐ Quite a bit
☐ Somewhat
☐ A little bit
☐ Not at all

Preferred Language
2. What is your preferred Language for medical care?

☐ English
☐ Spanish
☐ Polish
☐ Other

▼

Barriers to Learning: From the Patient's Point of View
4. Is there anything that makes it hard for you to understand health information? (Check all that apply)

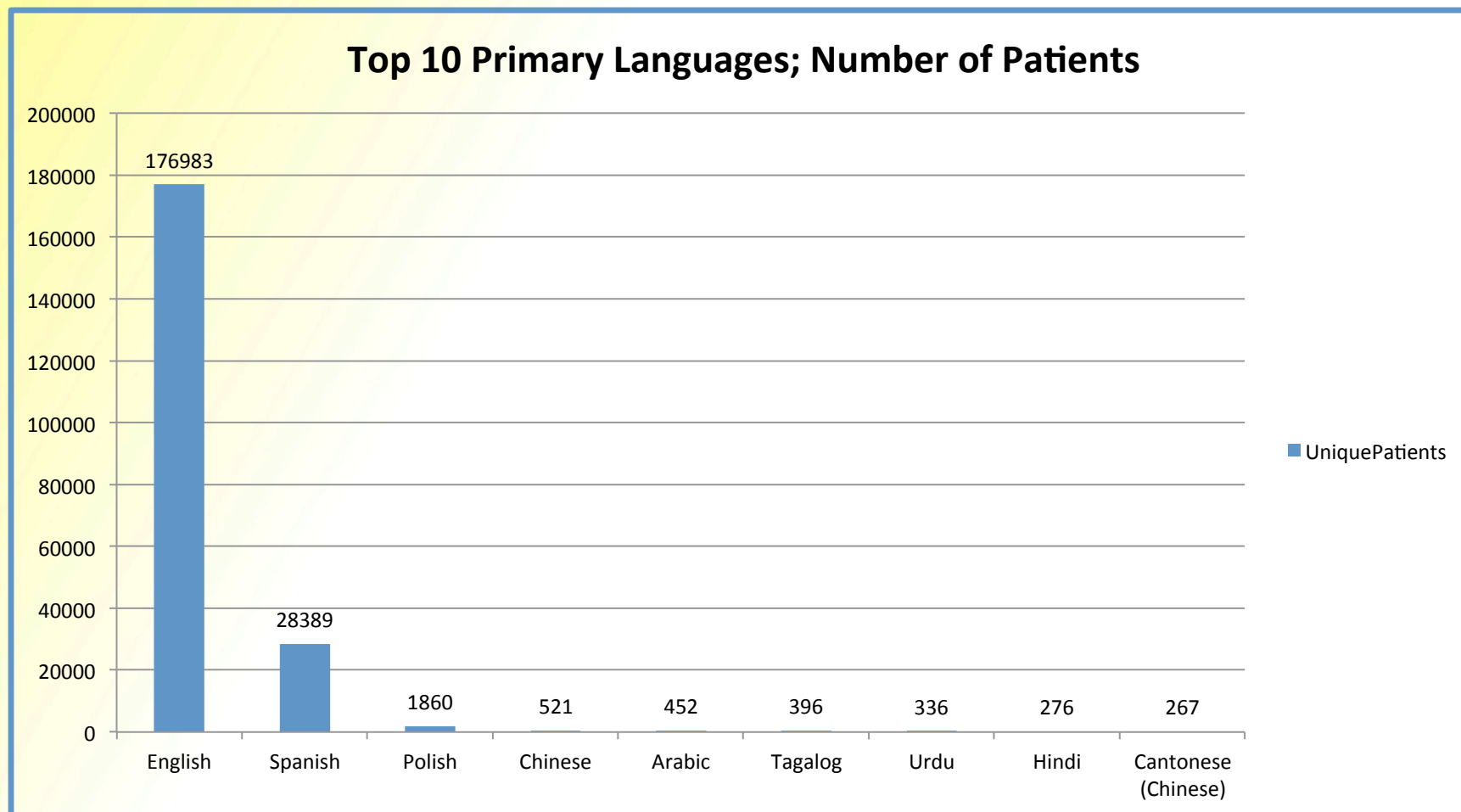
☐ Hearing
☐ Vision
☐ Social Stressors such as Financial issues, Personal difficulties, Limited Time
☐ Physical limitations
☐ Reading
☐ Interpreter Needed
☐ Healthcare beliefs, Alternative, Eastern or Spiritual customs
☐ None
☐ Other:

Barriers to Learning: Observed by Health Care Worker
6. The following conditions may affect the patient's Learning ability? (Check all that apply)

☐ psychological problems
☐ Denial of illness or condition
☐ Fine Motor skill deficit (i.e. difficulty managing body movements)
☐ Cognitive Impairment (i.e. unable to understand simple information)

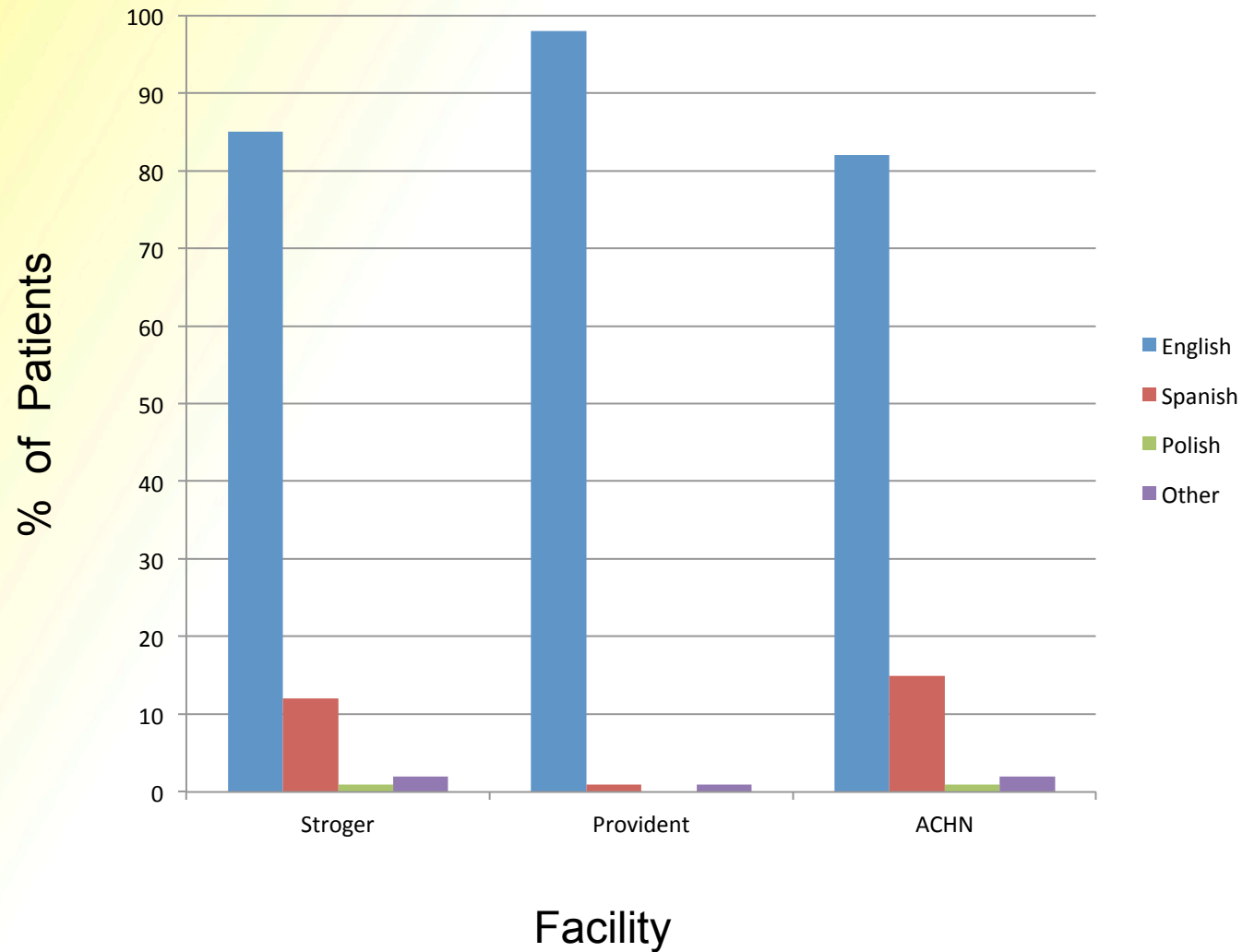
*Screen embedded within Cerner, for nursing intake

Preferred Languages CCHHS 2014





Language Distribution by Facility 2014



Preferred Language – Clinics

Fantus GMC Preferred Language Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	72%	2879	4025
Spanish	17%	688	4025
Polish	4%	173	4025
Other	7%	285	4025

Sengstacke Health Center Preferred Language Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	96%	1796	1865
Spanish	2%	46	1865
Polish	0%	3	1865
Other	1%	20	1865

Prieto Health Center Preferred Language Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	19%	326	1680
Spanish	80%	1344	1680
Polish	1%	5	1680
Other	1%	5	1680

Oak Forest Preferred Language Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	89%	1883	2106
Spanish	6%	125	2106
Polish	1%	14	2106
Other	4%	84	2106

CLAS Access – Provision of Care

- 21 interpreters Systemwide – 18 at Stroger Hospital
 - 17 Spanish
 - 4 Polish
 - 3 more to be hired
 - Services are available during clinic hours and 24/7/365 at Stroger, Provident and Cermak hospitals, selected clinics
- Bilingual providers – 100% of providers at selected clinics
- Prioritize bilingual candidates in recruitment

Other Support Services

- OPI (over the phone) interpreters available to provide language support for patients
 - In 2014, CCHHS used 132 languages provided by OPI vendor
- VRI (video remote interpreter) services available for deaf and hard-of-hearing patients
- Services available 24/7
- Both services have helped significantly decrease provider and patient wait times for interpreter services

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ATTACHMENT #2



Report to the CCHHS Board of Directors Overview of March 19th

Corporate Compliance statistics

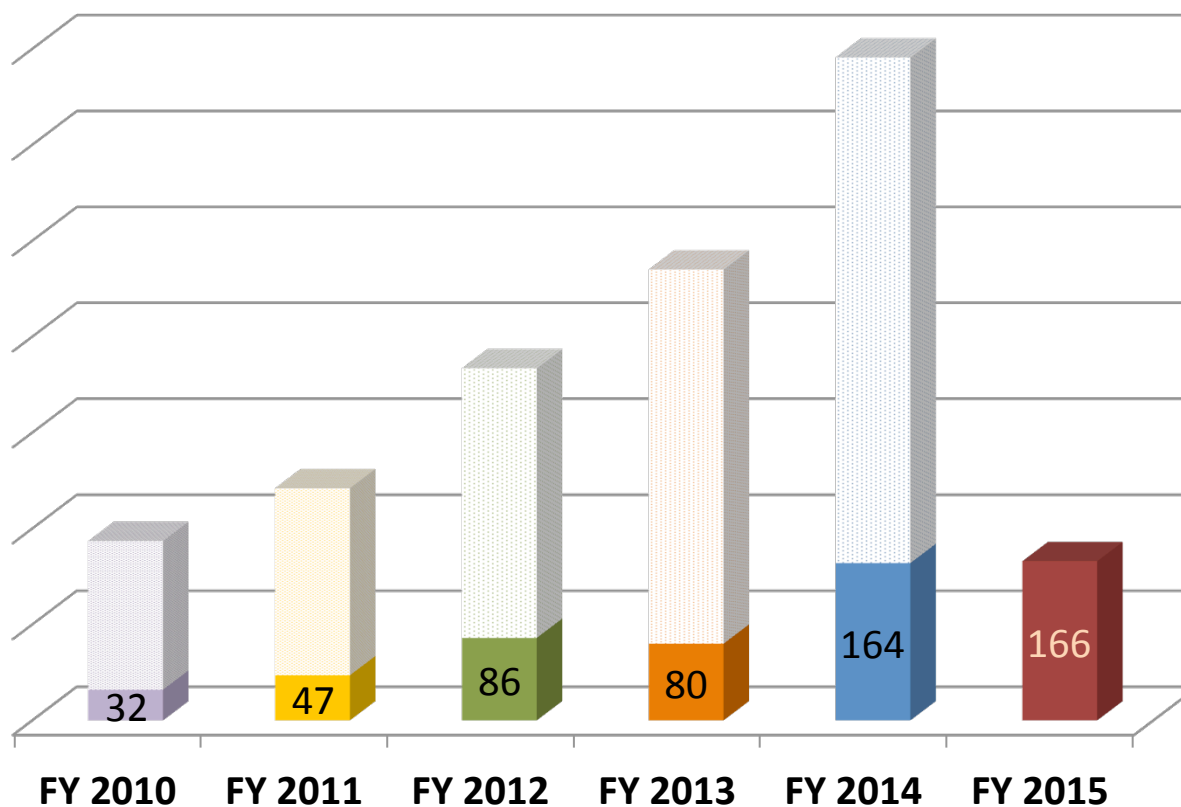
Cathy Bodnar, MS, RN, CHC

Chief Compliance & Privacy Officer

March 27, 2015

Reactive Corporate Compliance Volumes

Comparison of 1st Quarter Fiscal Year Activity

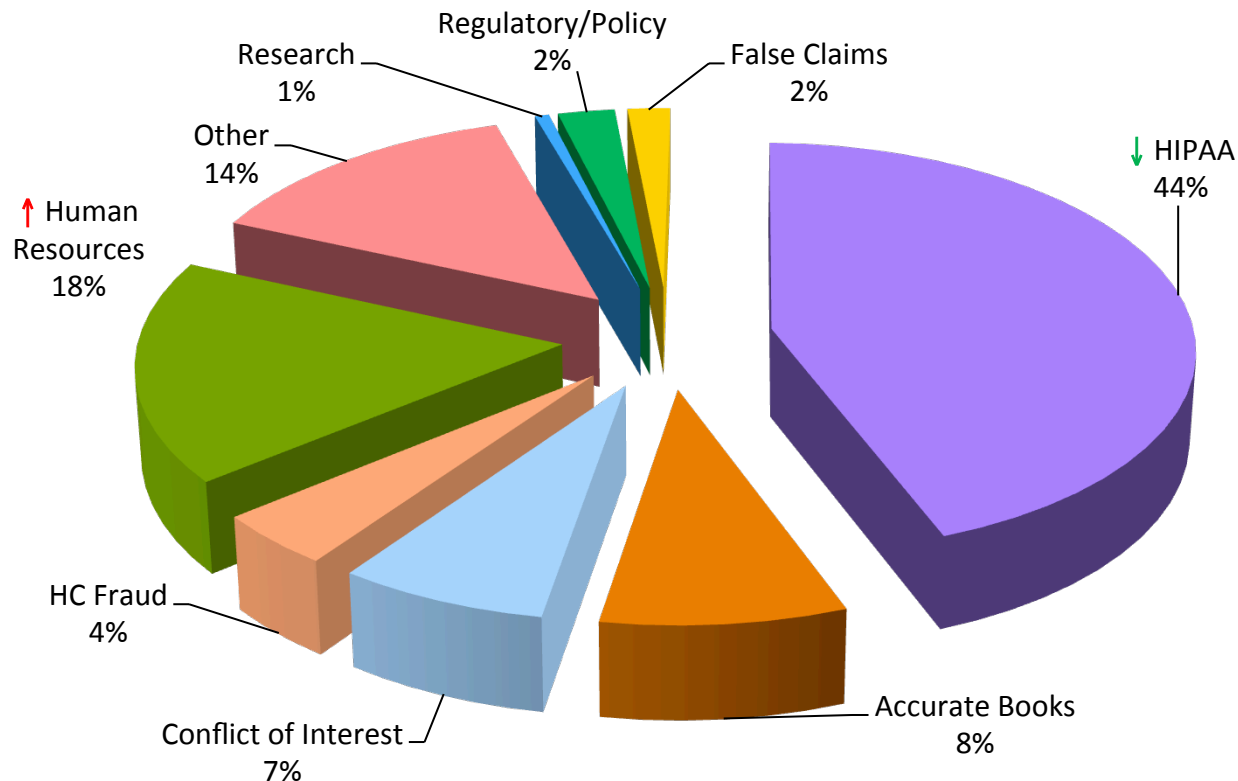


COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

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1st Quarter 2015 Issue Breakdown by Category

166¹ Reactive Corporate Compliance Issues Were Raised



Category Count¹

Privacy (HIPAA)	73	Conflict of Interest	12	Regulatory/Policy	4	Other	23
Human Resources	29	HC Fraud	7	Research	1		
Accurate Books	14	False Claims	3				



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HS

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³ ¹ This is a total count of new issues raised to Corporate Compliance. Not all issues are validated/substantiated.

Questions?

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ATTACHMENT #3



Monthly Metrics & Quarterly Deep Dive Report

Prepared for: CCHHS Board of Directors

STEVEN GLASS, EXECUTIVE DIRECTOR, MANAGED CARE

MARCH 27, 2015

Deep Dive Report Format

Area	Metrics Highlights	Deep-Dive Review/Discussion
Membership		<ul style="list-style-type: none"> Population Breakdown Trends to Budget Market Share Comparison Provider Assignment
Risk Management	<ul style="list-style-type: none"> ACA Adult Population Shifts Pharmacy Utilization 	<ul style="list-style-type: none"> Pharmacy Cost Savings
Care Management	<ul style="list-style-type: none"> Risk Stratification Referral management 	<ul style="list-style-type: none"> Health Risk Screenings & Assessments Utilization of CCHHS Facilities
Operations	<ul style="list-style-type: none"> Call Center Performance 	<ul style="list-style-type: none"> Claims Processing

Risk Management

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Risk Management							
<u>ACA Adult Membership</u>						Mar'14 to Dec'14 Shift	
% 19-24 y/o	16.4%	16.2%	16.3%	0.7%	↑	17.0%	-0.7%
% 25-34 y/o	15.2%	15.5%	16.0%	3.1%	↑	14.8%	1.2%
% 35-44 y/o	13.2%	13.3%	13.4%	1.0%	↑	13.5%	-0.1%
% 45-54 y/o	26.2%	26.2%	26.0%	-0.9%	↑	27.6%	-1.6%
% 55+ y/o	29.1%	28.9%	29.0%	0.3%	↓	27.0%	2.0%
<u>Pharmacy</u>							
# Scripts filled	131,086	134,787	136,708	1.4%			
% Utilizing Members	40%	37%	31%	-16.9%			
# Scripts/Utilizer	3.81	3.75	3.44	-8.3%			
% Generic dispensing	83%	84%	83%	-0.8%	↓		
% Brand Single Source	16%	16%	16%	0.0%	--		
% Formulary	98%	98%	98%	0.0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	18.5%	25.1%	29.8%	18.7%	↑	80%	-50.2%
% Extended Rx Supply (>84 days) *NEW*	10.1%	8.6%	8.6%	0.0%	--	20%	-11.4%
<u>Reinsurance</u>							
# Claims filed	0	0	0	0.0%	--		

Care Management

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Care Management							
<u>PCMH Assignment</u>							
% Members Assigned to PCMH *NEW*	99.2%	99.1%	99.9%	0.8%	↑	124,318	0.0%
% Members Unassigned	0.8%	0.9%	0.1%	-89.8%	↑		
# Assigned CCHHS/ACHN	26,276	27,902	29,810	6.8%	↑		
% Total Members @ CCHHS/ACHN	30.4%	28.9%	23.3%	-19.2%	↓		
# Assigned MHN ACO	24,340	29,570	48,145	62.8%	↑		
% Total Members @ MHN ACO	28.1%	30.6%	37.7%	23.1%	↑		
<u>Member Risk Stratification</u>							
Cum # Outreached Members	25,606	30,776	54,894	78.4%	↑		
Cum # Risk Assessments/Screenings	12,411	18,312	19,242	5.1%	↑		
YTD % High Risk Members	3.1%	4.6%	3.1%	-34.1%	↑	2.0%	1.1%
<u>Referral Management</u>							
# Authorizations: Inpatient	1,041	1,557	1,355	-13.0%	↓		
# Authorizations: Outpatient	1,472	2,405	2,092	-13.0%	↓		
<u>Utilization Management (7/1/2014-1/31/2015)</u>							
Admits/1,000 mbr mos	167	169		1.2%	↓		
Days/1,000 mbr mos	735	756	Data not yet available	2.9%	↓		
ED Visits/1,000 mbr mos	984	1,001	available	1.7%	↓		
% 30-day Readmissions	21%	21%		0.0%	--	14.7%	6.300%
<u>CCHHS Utilization (7/1/2014-2/28/2015)</u>							
Emergency Room	17.2%	17.1%	16.5%	-3.6%			
Hospital Inpatient	15.1%	15.2%	14.4%	-5.3%	↓		
Hospital Outpatient	25.7%	25.3%	26.0%	2.8%	↑		
Other Medical	0.61%	0.58%	0.6%	0.7%	--		
Primary Care	40.1%	38.7%	37.9%	-2.0%	↓		
Specialist	7.9%	7.6%	9.5%	24.3%	↑		

Operations

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Operations							
<u>Call Center</u>						Goal	Goal Met
Call Volume	22,247	23,240	25,825	11.1%	↑		
Abandonment rate	1.6%	5.4%	2.6%	-50.9%	↑	< 4%	Y
Hold time	0:01:04	0:01:07	0:00:38		↑	< :01:00	Y
Average speed to answer	0:00:14	0:00:34	0:00:23		↑	< :00:4	Y
<u>Claims Processing</u>						# Days	Goal Met
# Claims Paid	119,036	54,019	64,463	19.3%	↑		
# Claims Recv'd for Month's DOS	87,174	77,106	77,544	0.6%	↑		
	FY'14 Q3	FY'14 Q4	FY'15 Q1				
Avg # Days Received-to-Processed	6	5	3	-40.0%	↑	< 8	Y
Avg # Days Received-to-Paid	43	29	23	-20.7%	↑	< 35	Y

Med management hold time = 0:01:47



Quarterly Deep-Dive Review

Membership

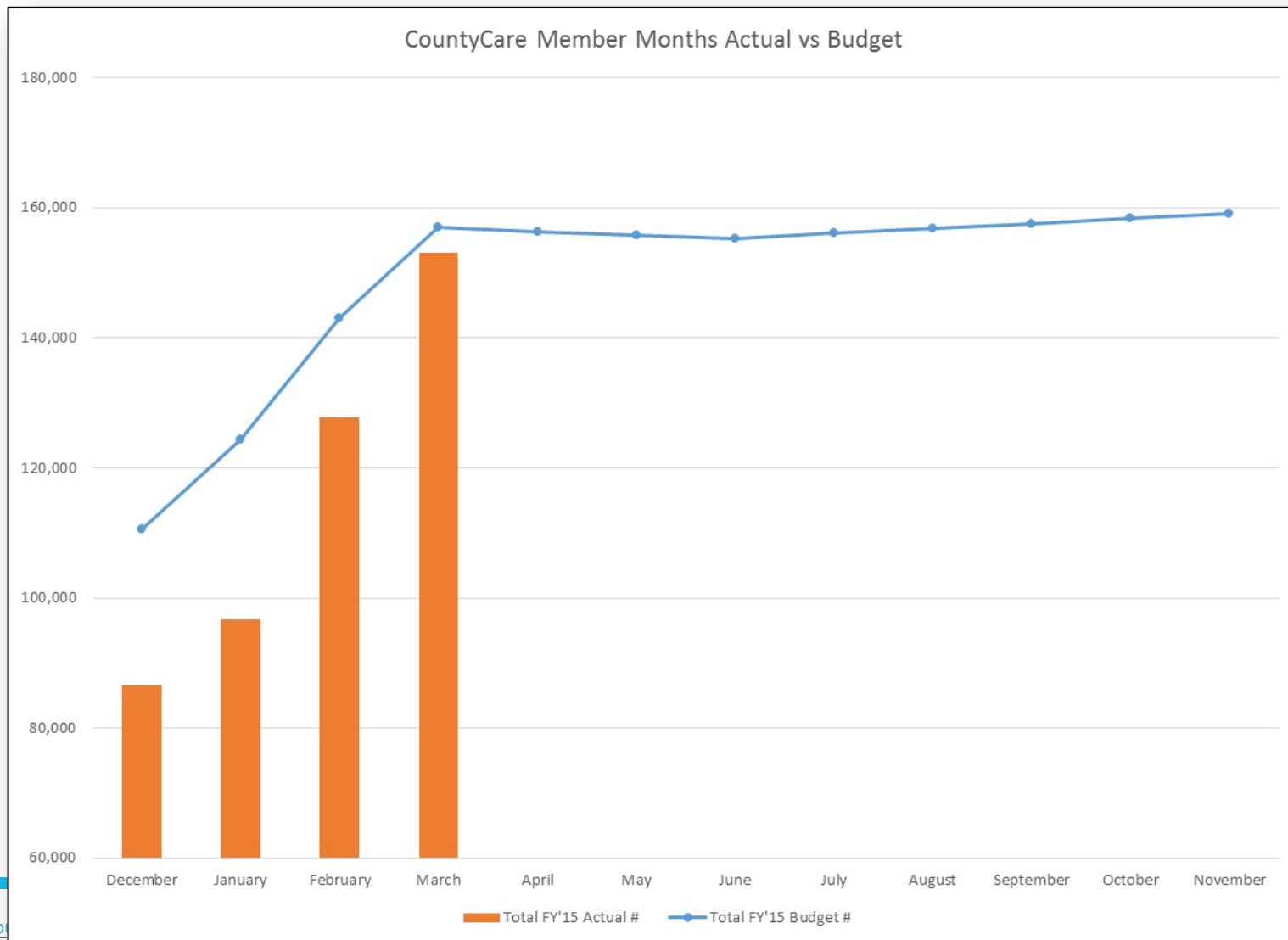
Data as of: 3/2/2015 | Source: Daily Membership (834) File

Key Measures	Dec'14	Jan'15	Feb'15	Mar'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Membership								
Monthly Membership	86,562	96,618	127,799	152,995	19.7%	↑	156,943	97.5%
ACA	78,914	77,292	81,033	85,973	6.1%	↑	78,369	109.7%
FHP	6,111	17,569	44,919	64,382	43.3%	↑	74,506	86.4%
SPD	1,537	1,757	1,847	2,640	42.9%	↑	4,068	64.9%
Home/Community Waiver	0	254	272	409				
FYTD Member Months	86,562	183,180	310,979	463,974			534,903	86.7%
ACA	78,914	156,206	237,239	323,212			335,252	96.4%
FHP	6,111	23,680	68,599	132,981			184,506	72.1%
SPD	1,537	3,294	5,141	7,781			15,146	51.4%
Home/Community Waiver	0	254	526	935				

Gender = 55% Female; 45% Male

Average age = Female: 33 y/o; Male: 32 y/o

Membership Trend to Budget



Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Oct'14	Nov'14	Dec'14	Jan'15		# Change Month Prior	% Change Month Prior
	N	N	N	N	% Total		
Family Health Network	89,964	107,840	151,195	207,969	22.4%	56,774	37.6%
Harmony Health Plan	111,073	111,300	123,966	138,336	14.9%	14,370	11.6%
CountyCare	88,858	85,453	83,733	93,245	10.0%	9,512	11.4%
Blue Cross Blue Shield	1,482	7,977	43,575	78,639	8.5%	35,064	80.5%
IlliniCare Health Plan	1,578	10,520	31,944	76,603	8.3%	44,659	139.8%
Advocate Accountable Care (ACE)	7,597	13,812	34,495	68,865	7.4%	34,370	99.6%
Meridian Health Plan	3,633	14,195	33,848	66,773	7.2%	32,925	97.3%
Aetna Better Health Inc.	523	9,875	22,848	52,375	5.6%	29,527	129.2%
SmartPlan Choice (ACE)	32	2,007	17,661	44,374	4.8%	26,713	151.3%
Community Care Partners (ACE)	22	302	9,700	33,805	3.6%	24,105	248.5%
HealthCura (ACE)	28	181	14,318	21,807	2.3%	7,489	52.3%
Loyola Family Care (ACE)	150	1,665	3,390	17,030	1.8%	13,640	402.4%
Better Health Network (ACE)	11	155	976	9,451	1.0%	8,475	868.3%
MyCare Chicago (ACE)	478	1,598	1,937	9,066	1.0%	7,129	368.0%
Illinois Partnership for Health (ACE)	298	2,160	3,731	3,564	0.4%	(167)	-4.5%
UI Health Plus (ACE)	4	39	609	2,691	0.3%	2,082	341.9%
Next Level (CCE serving ACA only)	41	263	434	1,590	0.2%	1,156	266.4%
Lurie Children's Health Partners (CSN CCE)	92	414	801	1,485	0.2%	684	85.4%
LaRabida Coordinated Care Network (CSN CCE)	4	34	92	583	0.1%	491	533.7%
Total	305,868	369,790	579,253	928,251		209,463	60.2%

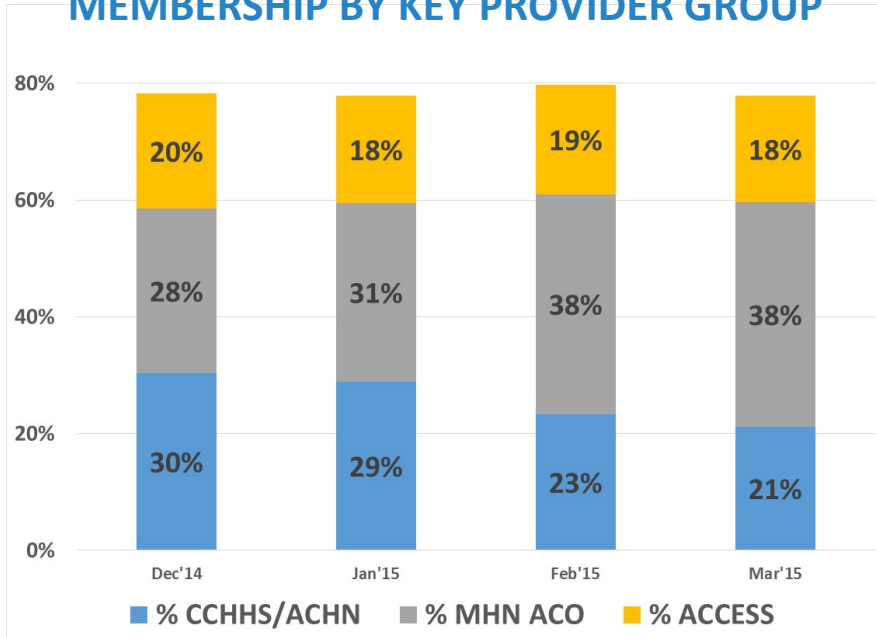
Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)							
Health Plan	Oct'14	Nov'14	Dec'14	Jan'15		# Change Month Prior	% Change Month Prior
	N	N	N	N	% Total		
Aetna Better Health Inc.	28,547	29,377	29,180	29,276	3.2%	96	0.3%
IlliniCare Health Plan Inc.	28,018	28,422	28,067	28,058	3.0%	(9)	0.0%
Community Care Alliance of Illinois	6,954	7,726	7,766	7,804	0.8%	38	0.5%
Blue Cross/Blue Shield of Illinois	4,610	5,422	5,597	5,803	0.6%	206	3.7%
Humana Health Plan	3,679	4,162	4,603	4,602	0.5%	(1)	0.0%
Cigna HealthSpring of Illinois	3,193	4,143	4,142	4,337	0.5%	195	4.7%
Meridian Health Plan	4,164	4,059	4,188	4,332	0.5%	144	3.4%
Next Level (CCE)	3,987	4,616	3,826	3,666	0.4%	(160)	-4.2%
EntireCare (CCE)	2,169	2,211	2,179	2,588	0.3%	409	18.8%
Together4Health (CCE)	1,521	1,530	1,582	2,236	0.2%	654	41.3%
CountyCare	352	1,169	1,535	1,764	0.2%	229	14.9%
Be Well (CCE)	1,450	1,396	1,374	1,387	0.1%	13	0.9%
Total	88,644	94,233	94,039	95,853	10.3%	1,814	1.9%

Membership

MEMBERSHIP BY KEY PROVIDER GROUP



WHY IMPORTANT

Sole driver of health plan revenue

Three PCMH groups =
approximately 80% of membership

STRATEGIC APPROACH

Current

ACO partnership

Adding FHP & SPD populations

Increased emphasis on
retention (Rede process)

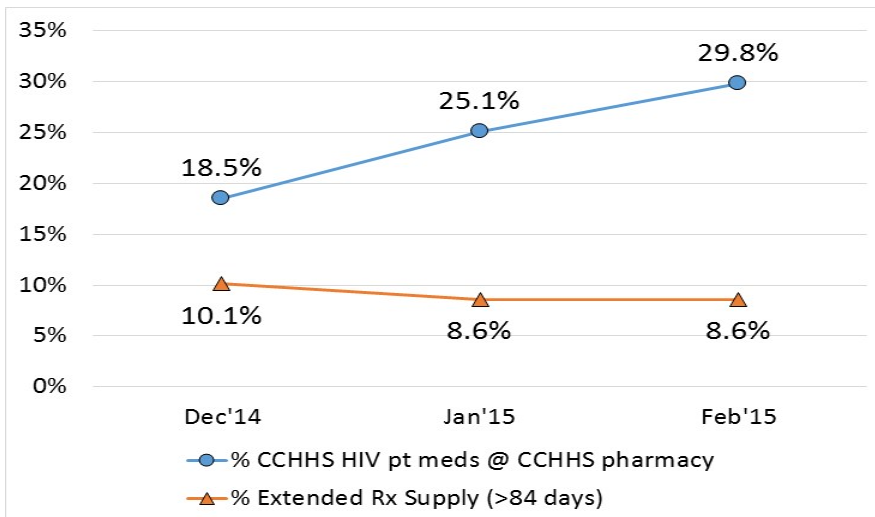
Future

At-risk contracting

New populations/products

Pharmacy Cost Savings

CCHHS HIV PT MEDS @ CCHHS & MAINTENANCE MEDS EXTENDED SUPPLY



WHY IMPORTANT

Potential \$7 million annual savings (\$5M HIV, \$2M extended supply)

STRATEGIC APPROACH

HIV

Provider education and feedback

- @ 30% (Feb'15), up from 13% (Oct'14)
- Discussing mandatory implementation

Patient education materials

Extended Supply

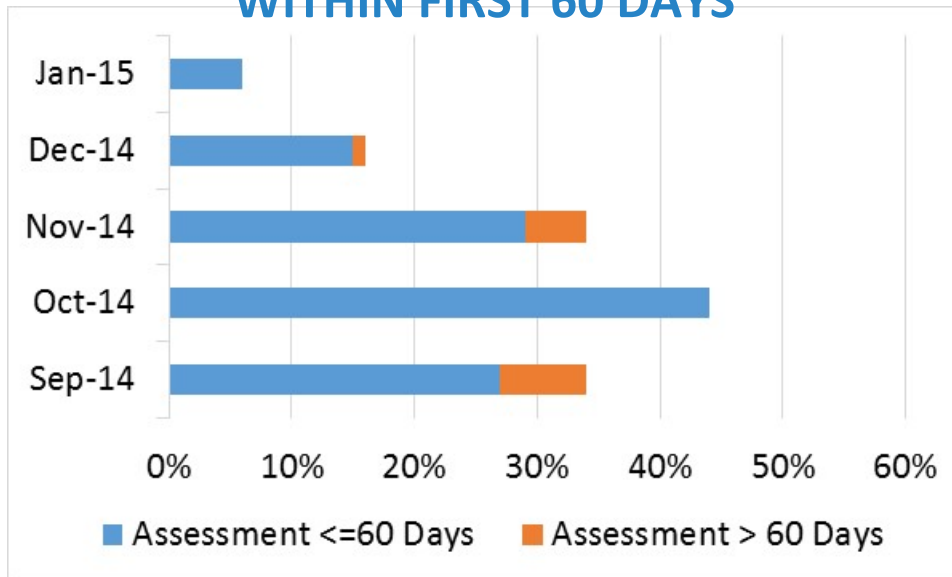
> 80% of scripts filled are maintenance meds; Majority written by specialists

Implementing requirement for maintenance meds June 1; Notice to members filling scripts in April & May

Will allow first fill at 30 days; All subsequent @ 90 days

Risk Assessments

RISK ASSESSMENT COMPLETED WITHIN FIRST 60 DAYS



WHY IMPORTANT

Risk assessments are basis for care plans.

Identifies resource needs.

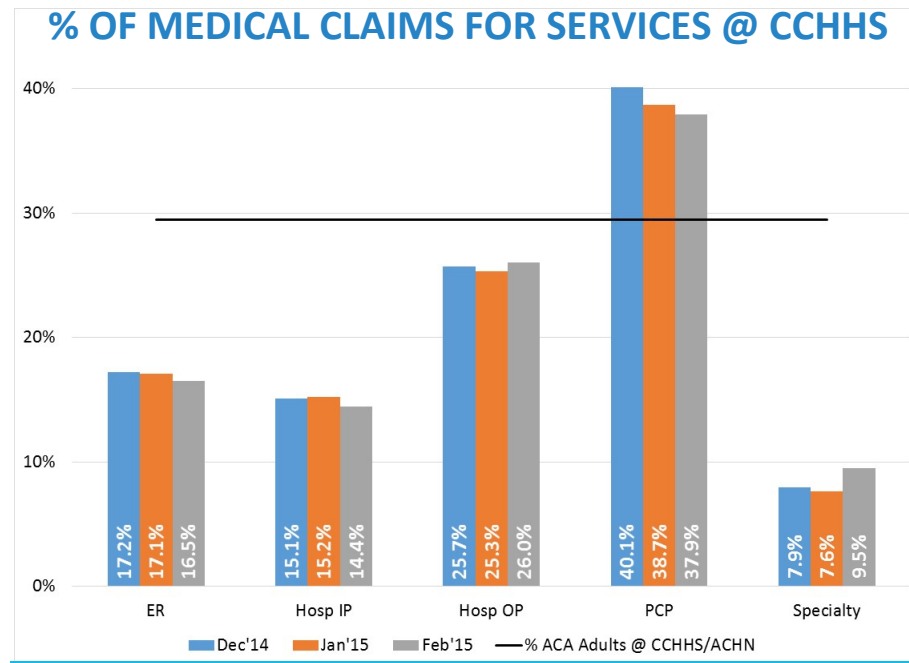
STRATEGIC APPROACH

Priority populations established:

- New members
- Top 1% utilizers
- Post hospitalizations
- Transplant members

Performance metrics established; Reviewed monthly

Health Plan Utilization of CCHHS Services



WHY IMPORTANT

Desire to spread fixed CCHHS costs across as many services as possible.

STRATEGIC APPROACH

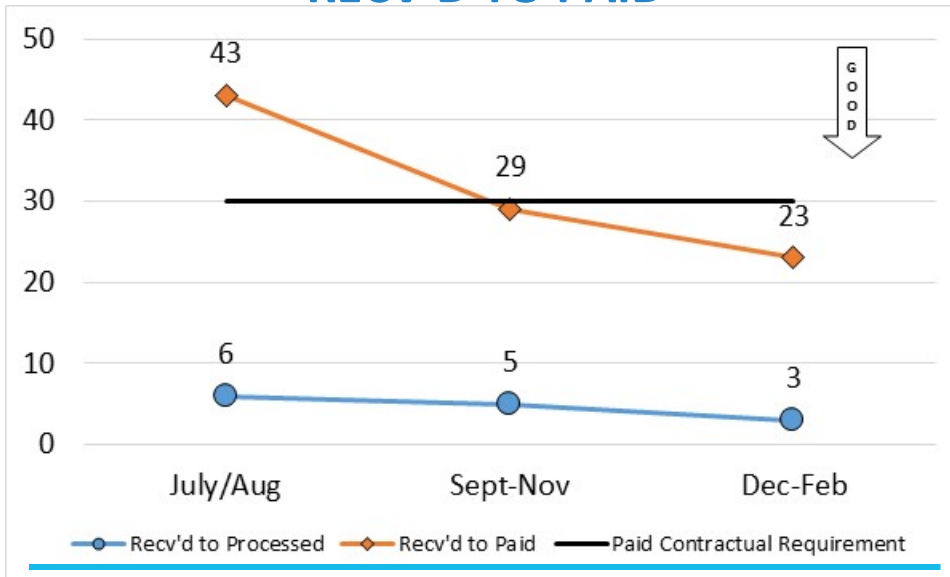
Health Plan Executive Committee governance shared by plan and system leadership.

Increased referrals to certain CCHHS specialties.

Reviewing network configuration.

Claims Payment

AVG # DAYS RECV'D TO PROCESSED & RECV'D TO PAID



WHY IMPORTANT

Leading indicator of other system configuration problems.

Top dis-satisfier for providers.

STRATEGIC APPROACH

Routine monitoring of turn around time (TAT) metrics

Focus on contract build within claims system

- Accuracy of contract terms
- Accuracy of providers

Future Deep Dives

June

- FY'16 Planning

September

- Innovation

December

- Hard-to-reach Populations

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
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ATTACHMENT #4

COOK COUNTY HEALTH & HOSPITALS SYSTEM HUMAN RESOURCES METRICS AND IN FOCUS

CCHHS BOARD OF DIRECTORS

MARCH 27, 2015

Gladys Lopez, Chief of Human Resources



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

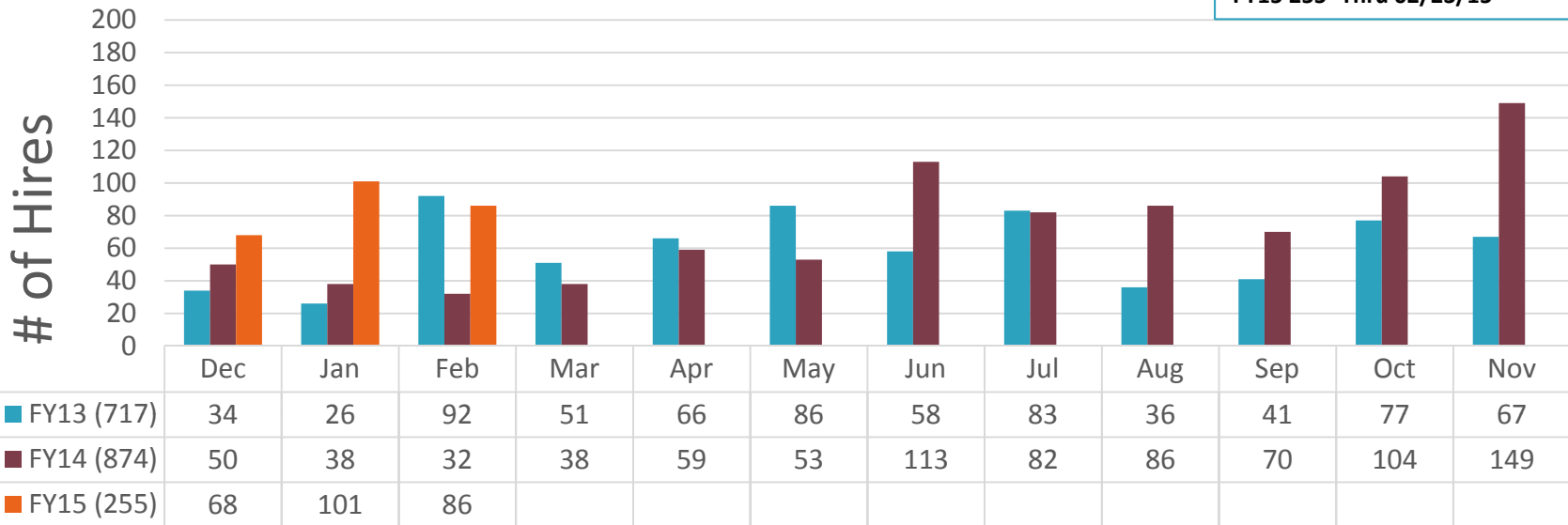
Goal: Reduce CCHHS Vacancies to 600

VACANCIES FILLED

FY13 717

FY14 874 Increase by 22%

FY15 255 -Thru 02/23/15



Thru 02/23/15

FY15 Vacancies Filled by Job Function / Open Positions

Job Function	FY14 Hired	FY14 1 st Qtr.	FY15 1 ST Qtr.	RTHs in Process
¹ Finance	15	0	8	58
HIS	5	2	3	14
Licensed Practice Nurses	24	1	8	5
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	31	71	302
Physicians	97	26	16	80
Pharmacy	49	11	6	8
Other	373	49	143	267
Total	874	120	255	²734

Q1 FY15 hires increased by 112%

¹ Medicaid eligibility insourcing

² Fluctuate month to month based on hires and requisitions.

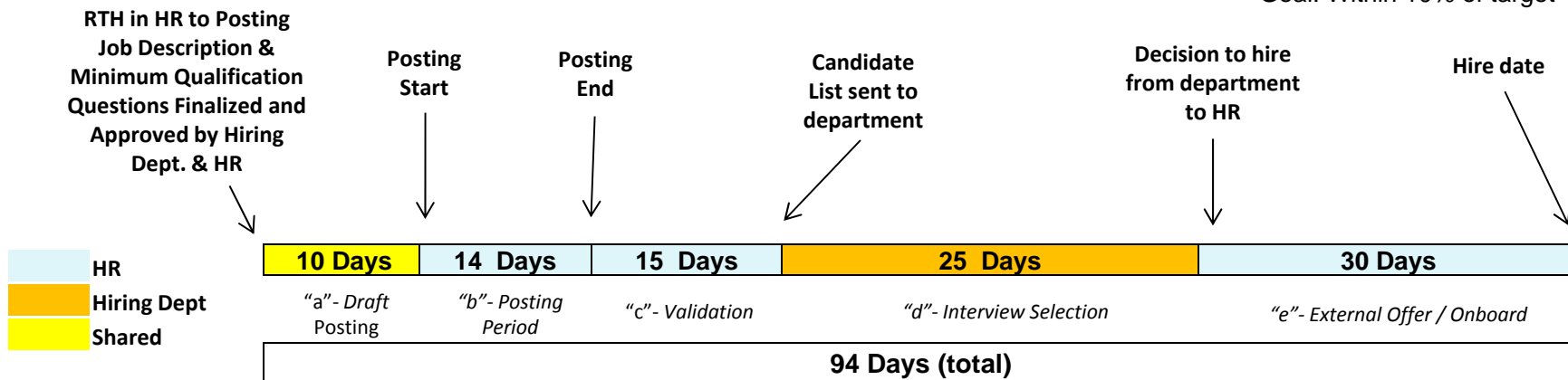


Goal: Improve / Reduce Average Time to Hire

Budget to Recruiting average of 13 Days

Goals		2014 Actual	2015 Target	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	YTD Avg	STATUS
a	Average # of days from Request to Hire approval to Posting Open	91	10	80	48	73					67	
b	Average # of posting days	14	14	13	9	12					11	
c	Average # of days from Posting Close to Interview Referral	28	15	33	22	27					26	
d	Average # of days from Interview Referral to Decision to Hire to HR. (Interview/Selection)	29	25	29	23	32					27	
e	Average # of days from decision to hire until actual Hire Date. <i>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</i>	41	30	55	49	51					51	
f	Average # of days from Request to Hire to Hire Date	203	94	209	151	195					185	

Goal: Within 10% of target



Benchmark: 58

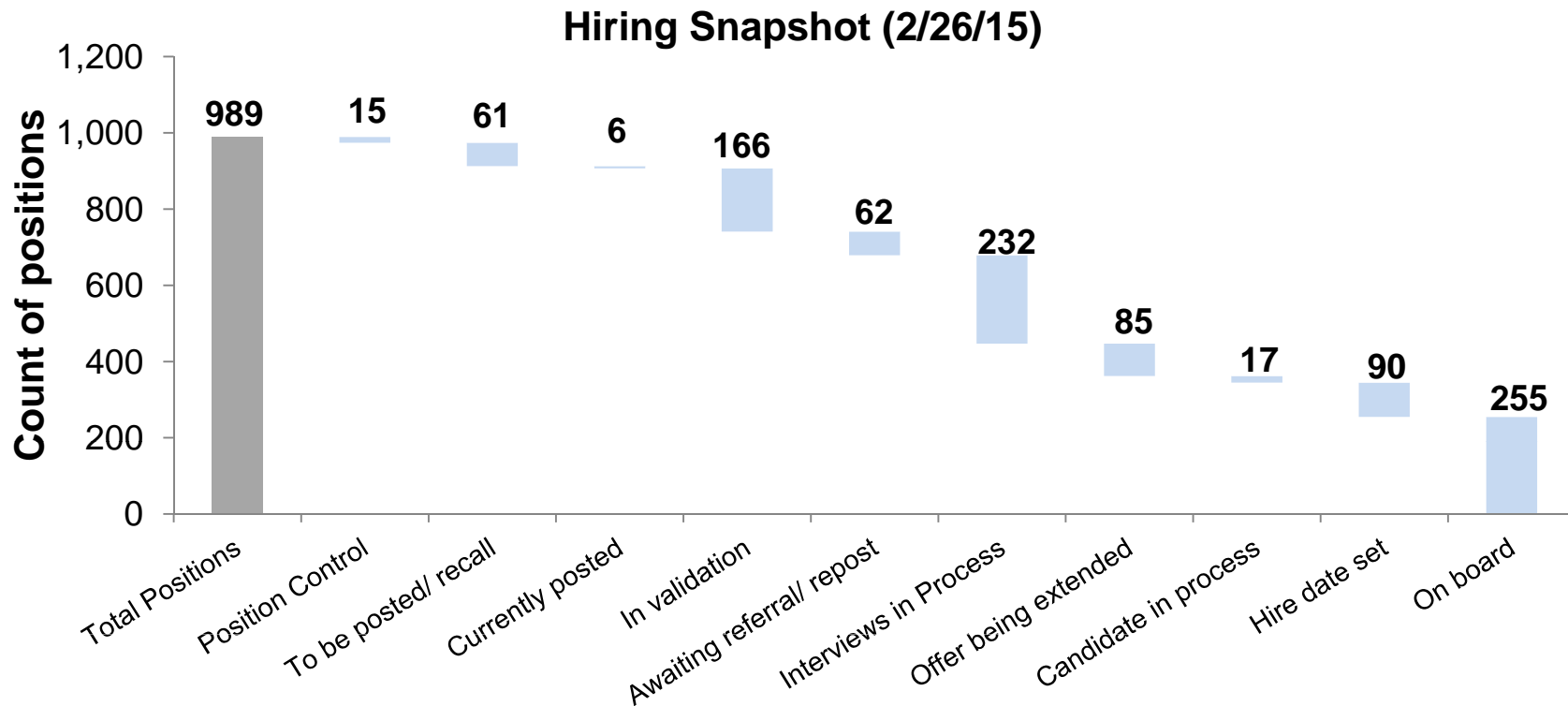
Data source: TLNT The Business of HR

<http://www.tlnt.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/>



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CC+HHS

Goal: Track Hiring Status and Progress



Job Classification	RTHs submitted to HR as of 2/26/15	Paperwork Complete	Posted	Posting Closed	Validation Completed	Referred for Interviews	Interviews Complete	Candidate ID'd	Hire Date ID'd	Hired	RTHs In Process
Finance	66	66	66	16	14	12	9	9	9	8	58
HIS	17	17	17	17	11	8	6	5	5	3	14
Licensed Practice Nurse	13	13	13	13	13	13	10	10	10	8	5
Nurse	373	370	341	339	282	253	135	101	97	71	302
Physician	96	94	89	89	73	70	58	52	48	16	80
Pharmacy	14	14	14	14	13	13	6	6	6	6	8
Other	410	410	397	384	335	310	223	179	170	143	267
Grand Total	989	974	913	907	741	679	447	362	345	255	734

Human Resources Committee

CCHHS UNIVERSITY LEADERSHIP DEVELOPMENT PROGRAM



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

CCHHS Leadership Development Program – Spring Session (Cohort IV)

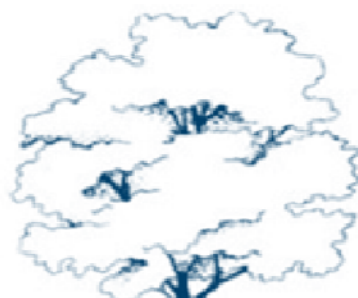
- Late 2012 / early 2013 – worked with pro bono resources from Civic Consulting Alliance, Strategic Talent Solutions and Northwestern University's School of Education & Policy and a CCHHS Steering Committee to create the CCHHS Leadership Development Program (LDP)
- LDP is a three-month training program that includes workshops and lunch and learn sessions and provides participants with an opportunity to build new skills and connect with leaders throughout the organization
- The Program's goal is to develop a cohort of effective leaders who engage and help staff to deliver on CCHHS's vision of excellent relationship-based care
- All non-union members of management are eligible and encouraged to complete an online application
- Each Cohort includes up to 14 participants
- Selected participants are required to execute a Participation Agreement
- We host an orientation for the Supervisors of the Participants
- Throughout the program we provide the Supervisors with a summary of the information shared with their employees to support continued engagement with their employee

CCHHS University

Leadership Development Program

Investing in our people. Investing in our patients.

OVERALL PROGRAM STRUCTURE



Overall Program	Leadership Development Program (LDP) Modules								
Module	1. Leadership at CCHHS	2. Defining Excellent Patient Experience	3. Establishing Positive Relationships	4. Ensuring Quality & Safety	5. Setting and Managing Performance Expectations		6. Leading Through Difficult Situations		7. Creating an Excellent Patient Experience
Workshop (1 WS = 2.5 hours)	WS 1.1	WS 2.1	WS 3.1	WS 4.1	WS 5.1 The Importance of Goal Setting	WS 5.2 The CCHHS Disciplinary Process	WS 6.1 Effective Problem Solving Decision Making	WS 6.2 Managing Conflict	WS 7.1

Support from senior leadership and supervisors

CCHHS's Vision & Mission

Excellent Patient Experience

CCHHS University

Leadership Development Program

Investing in our people. Investing in our patients.

CCHHS Leadership Development Program

- Total Cohorts: 3
- Total Graduates: 35
 - Fall 2013 Graduates: 13
 - Spring 2014 Graduates: 11
 - Fall 2014 Graduates: 11
- Areas represented:
 - Emergency (1)
 - Finance (1)
 - Laboratory (1)
 - Nephrology (1)
 - Nursing (18) – more than 50%
 - Patient Access (2)
 - Pharmacy (3)
 - Physical Therapy (1)
 - Physician Assistant (1)
 - Psychology (1)
 - Radiology (2)
 - Revenue Cycle (1)
 - Patient Financial Services (1)
 - Safety / Security (1)

CCHHS Leadership Development Program – Spring Session (Cohort IV)

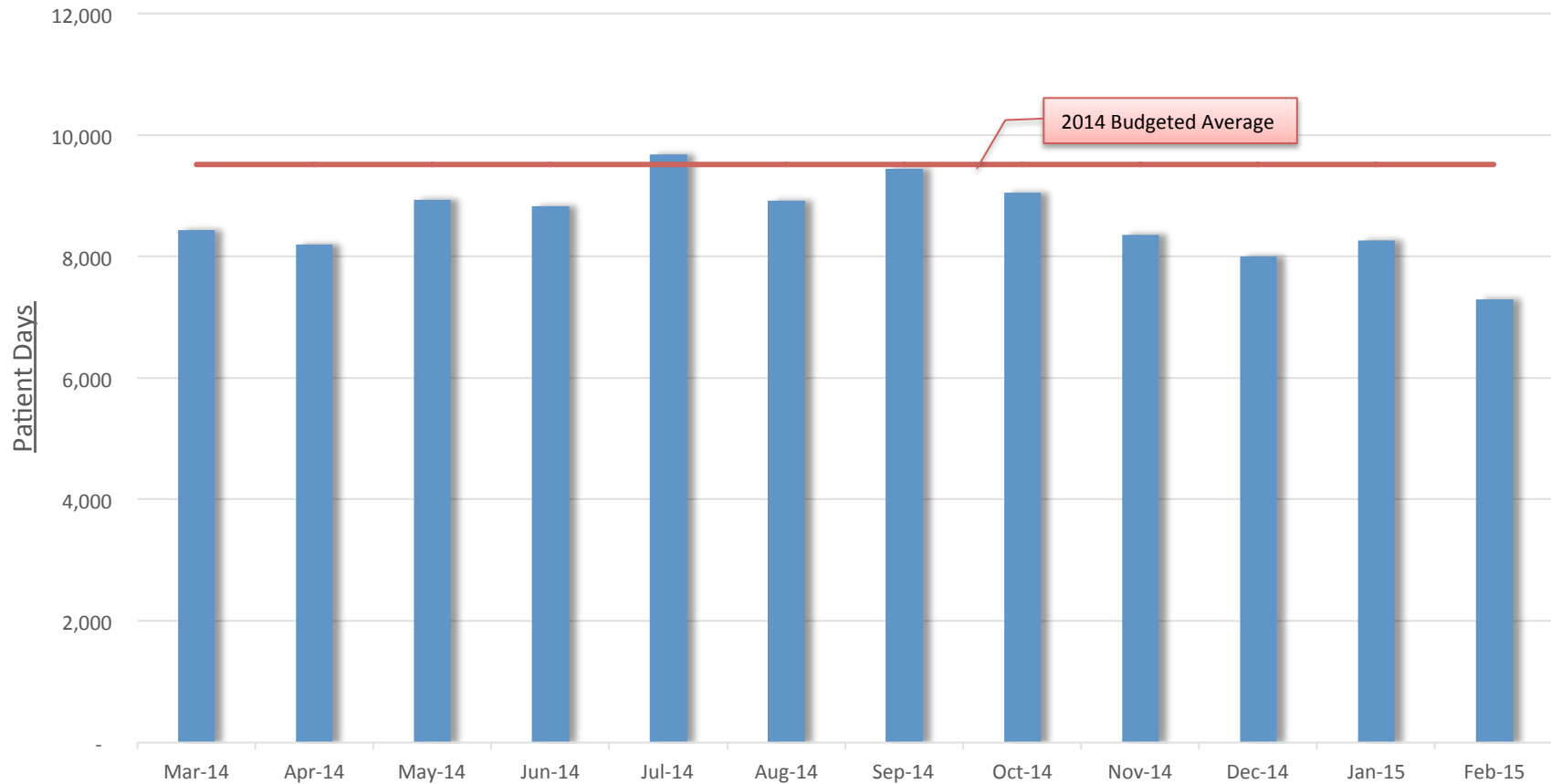
- Cohort IV: 13
 - More than 50% of the participants are from Nursing
 - 7 Areas represented:

Human Resources (1)	Pharmacy (1)
Mental Health Services (1)	Radiology (1)
Nursing (7) – more than 50%	Respiratory Therapy (1)
Nursing & Care Management (1)	

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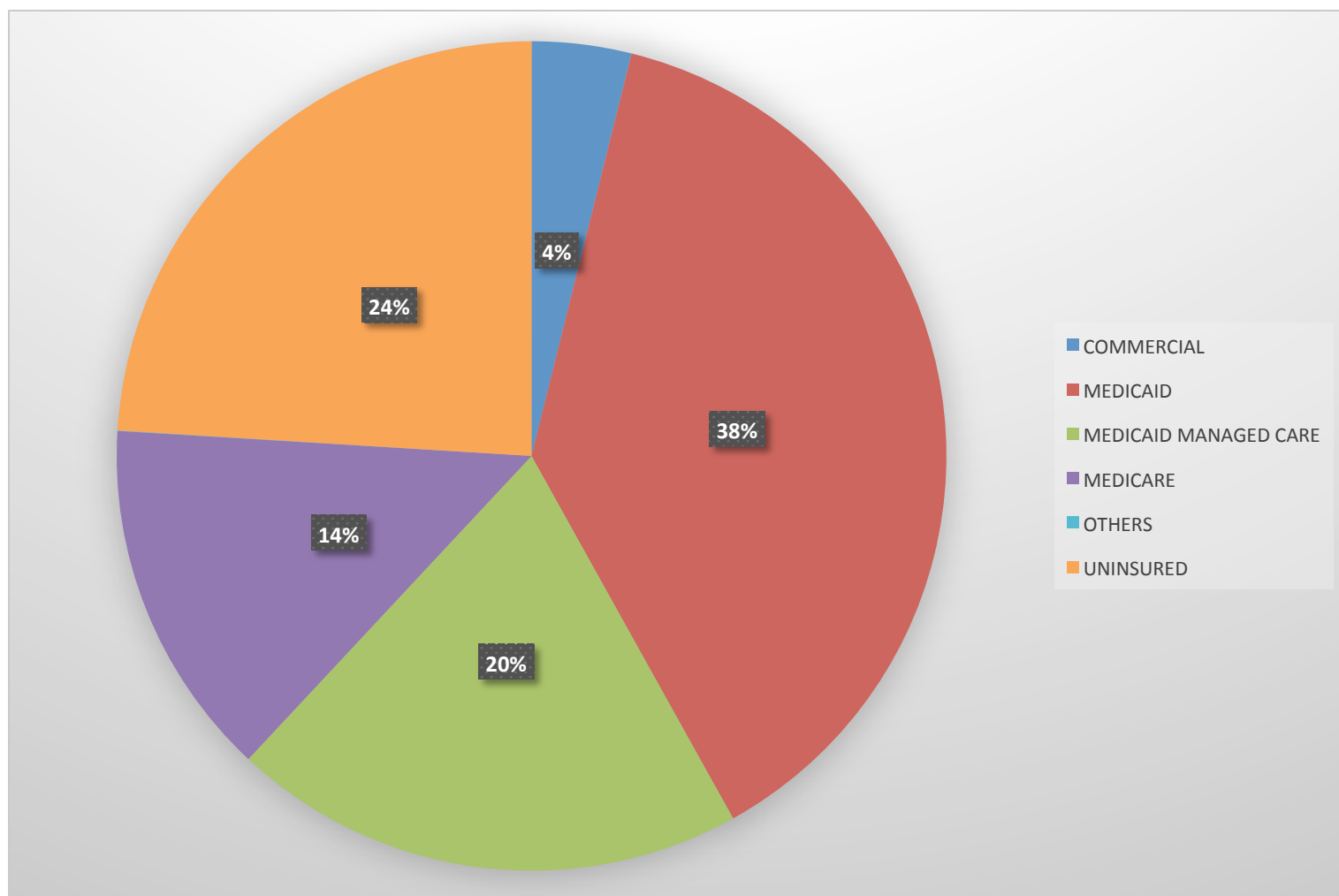
ATTACHMENT #5

CCHHS: Monthly Inpatient Days



Source: CERNER

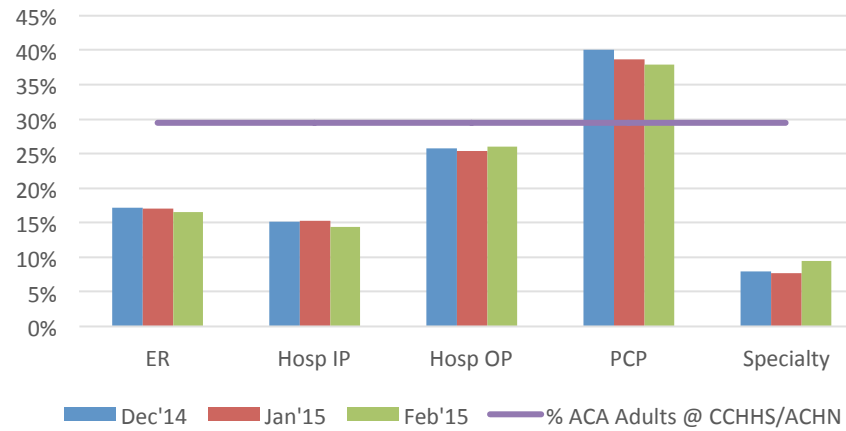
CCHHS: Inpatient Days by Payor Plan



Source: Siemens

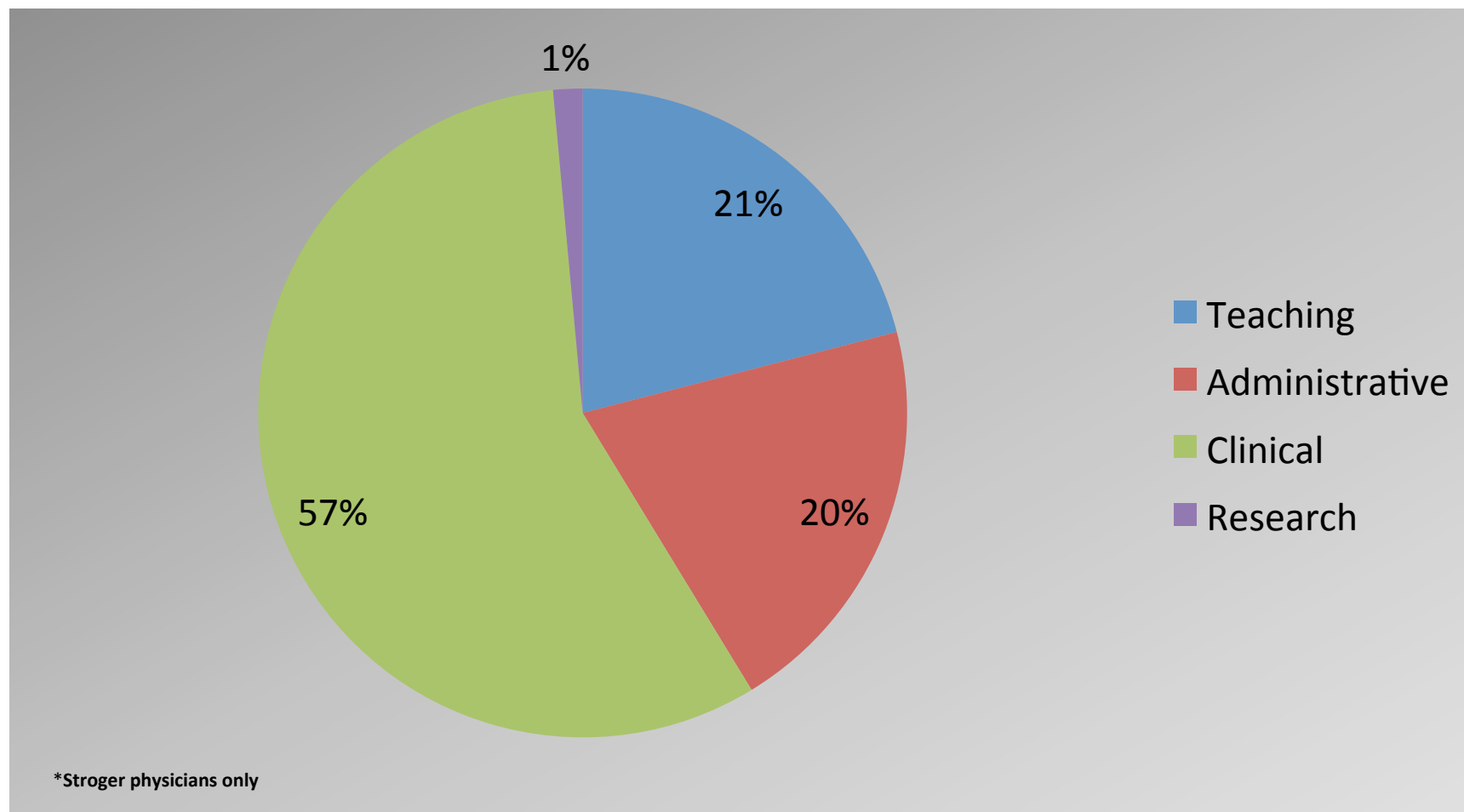
CountyCare : CCHHS Service Utilization - Comparison

Percentage of Claims for Services at CCHHS



Source: CountyCare

Physician Work Effort: FY2013



Source: Time Logs

CountyCare Pharmacy

Period	Mbr Mos	CCHHS Mo PMPM	Non-CCHHS Mo PMPM	Mo PMPM
FY2013*	243,654	\$ 14.77	\$ 63.56	\$ 78.33
FY2014	1,081,951	\$ 14.67	\$ 104.51	\$ 119.18
FY2015**	183,384	\$ 10.32	\$ 103.94	\$ 114.26
Overall	1,508,989	\$ 14.15	\$ 97.83	\$ 111.98

*For FY2013 data, the waiver process required application approval before pharmacy benefits were available

**FY2015 data through 1/15/2015

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
March 27, 2015

ATTACHMENT #6

Cook County Health and Hospitals System

Board Attendance - 2014-2015

Board 2014/2015

	<u>31-Oct</u>	<u>14-Nov</u>	<u>12-Dec</u>	<u>30-Jan</u>	<u>27-Feb</u>
Hammock, Chr	X	Phone	X	X	X
Butler	X	X	X	X	X
Collens	X	X	X	X	X
Estrada	X	X	X	X	X
Gugenheim	X	X	X	X	X
Junge	X	X	X	X	X
Lerner	X	X	X	X	Phone
Marsh				X	X
Velasquez	X	X	X	X	X
Wiese	X	X	X	X	X

<u>Finance Committee:</u>	<u>17-Oct</u>	<u>7-Nov</u>	<u>5-Dec</u>	<u>23-Jan</u>	<u>20-Feb</u>
Collens, Chr		X	X	X	X
Butler	X	X	X	X	X
Estrada				Phone	X
Wiese	X	X		X	Phone
Scheer	X	X	X	X	Phone
Hammock	X		X	X	Phone
Gugenheim	X	X	X	X	X
Junge	X	X	X	X	
Velasquez	X	X	X		

<u>Human Resources Committee:</u>	<u>17-Oct</u>	<u>7-Nov</u>	<u>5-Dec</u>	<u>23-Jan</u>	<u>20-Feb</u>
Wiese, Chr	X	X		X	Phone
Collens		X	X	X	X
TBD					

Non- Board Member N/A

Hammock	X			X	Phone
Gugenheim	X	X	X	X	X
Junge	X	X	X	X	
Velasquez	X	X	X		X
Butler	X	X	X	X	X
Estrada				Phone	X

Cook County Health and Hospitals System

Board Attendance - 2014-2015

Quality & Patient Care Committee:

	<u>23-Sep</u>	<u>28-Oct</u>	<u>9-Dec</u>	<u>20-Jan</u>	<u>17-Feb</u>
Gugenheim	X	X	X	X	X
Lerner	X		X	X	Phone
Marsh				X	
Merryweather				X	X
Driscoll	X	X	X	X	X
Hammock		X	X	X	Phone
Gugenheim	X	X	X	X	X
Junge		X		X	X
Collens		X			
Butler			X		

Audit & Compliance Committee:

	<u>19-Feb</u>
Velasquez, Chair	X
Gugenheim	X
Junge	X
Bauman	
Hammock	Phone

Managed Care Committee:

	<u>22-Jan</u>	<u>19-Feb</u>
Lerner, Chair	X	Phone
Junge	X	X
Velasquez		X
Hammock	X	Phone
Gugenheim	X	X

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
March 27, 2015

ATTACHMENT #7



JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH & HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
MARCH 27, 2015

Recognition

- Congratulations to **Donna Hart**, Chief Information Officer, for being selected as one of the **2015 Health Information Technology Men & Women** award winners in the category "Enhancing Patient Care through IT". This achievement is well deserved! Donna will be recognized at the HIT Men & Women Awards reception honoring the year's top nine health care IT executives during Health Information Management Systems Society (HIMMS) in April.
- Congratulations to **Dr. Bashar Attar**, Chair for Gastroenterology & Hepatology on receiving the **Dr. Parker J. Palmer Courage to Lead Award** from the Accreditation Council for Graduate Medical Education (ACGME). The award honors physician educators who have demonstrated excellence in overseeing residency/fellowship programs at their sponsoring institutions
- **Dr. Michael Moreno** has been awarded **Faculty Preceptor of the Year from RUSH** for his efforts in teaching medical students who rotate in CCHHS psychiatry. Dr. Moreno has been with CCHHS for just six months.
- **Dr. Whitney Lyn**, family medicine attending physician, has been selected by the **Society for Teachers of Family Medicine** for their Emerging Leaders program. This newly created year-long leadership development program will focus on ensuring the future of the Family Medicine specialty by increasing the number of future Family Medicine leaders and providing training for this important role. Only 30 participants were selected.
- Best wishes and thank you to **Dr. David Soglin**, Chair of Pediatrics for his 21 years of service to CCHHS and our young patients. Dr. Soglin will be leaving CCHHS to assume the position of Chief Medical Officer for LaRabida Children's Hospital, a valuable CountyCare partner.

Activities and Announcements

- On Wednesday April 15, 2015, **Karen DeSalvo**, **Director of the Office of the National Coordinator for Health Information Technology (ONCHIT)** together with ONCHIT Chief Medical Officer, Dr. Tom Mason will be visiting the CORE Center to talk with patients and providers about the success of CCHHS' health IT efforts and the importance of the portal in engaging patients in their own care management.

- The Ambulatory & Community Health Network (ACHN) and Prieto Health Center underwent a successful accreditation survey to achieve **Primary Care Medical Home (PCMH)** certification by The Joint Commission. The final PCMH certification decision is expected in the next 60 days.
- The newly elected officers for the **Stroger Executive Medical Staff** were recently announced: President: **Ozuru Ukoha, MD**; Vice President: **Trevor Lewis, MD**; Secretary: **Juliet Bradley, MD**; and Treasurer: **Aiman Tulaimat, MD**.
- The **CountyCare Enrollee Advisory Committee** met this week at Provident Hospital to share with CountyCare staff and partners their experience with the health plan and the provider network. Twelve CountyCare members empaneled at several medical homes including CCHHS' Near South, Woodlawn, Englewood, Fantus and Logan Square health centers as well as Friend Family, Mercy, and Near North's Kolmar center participated in the meeting. Many of them had been to CCHHS facilities in the past and they knew about our CareLink program. For one participant, this was the first time that she had health insurance in many years. CountyCare is required by the state to conduct enrollee advisory meetings quarterly. This was the second meeting held by CountyCare.
- CCHHS will officially kick-off the **Patient Experience Initiative** the week of April 20th. Senior Leadership will visit all CCHHS sites to share the goals and generate enthusiasm for upcoming training sessions.

Legislative Update

Local

- On Wednesday, March 11, 2015, the Cook County Board approved a resolution calling for a public hearing on the impact of Heroin/Opiate use on Cook County's public safety and public health systems. The Cook County Board Committee on Legislation & Intergovernmental Affairs plans to conduct the hearing on this matter in late April 2015. At the request of the Committee Chairman, CCHHS will provide subject matter testimony with respect to the System, Correctional Health Services and Public Health.
- On Wednesday, March 11, 2015, the Cook County Board referred to the Committee on Legislation & Intergovernmental Affairs a resolution affirming the Roe v. Wade decision. A hearing on the matter is expected to be scheduled in late April 2015.
- Wednesday, April 1, 2015 is the next regular meeting of the Cook County Board.

State

- State Legislative leadership and the Governor reached agreement to close the \$1.6 billion gap in the state's FY2015 budget. On Tuesday, March 25, 2015, the Illinois House of Representatives approved HB 317 and HB 318 which addresses the shortfall with a combination of fund sweeps (\$1.3B) and a 2.25% across the board cut in funding. This solution avoids Medicaid rate cuts to hospitals. The Illinois State Senate approved both measures on Thursday, March 26, 2015.
- The General Assembly is in recess until April 14, 2015 at which time legislators will reconvene to consider the state's FY2016 budget.

Federal

- On Tuesday, March 24, 2015, the Subcommittee on Health of the House Energy and Commerce Committee held a hearing on the 340B drug program. Witnesses were limited to representatives of the Health Resources and Services Administration (HRSA), the Government Accountability Office (GAO) and the Health and Human Services (HHS) Office of the Inspector General (OIG).

While there is strong bipartisan support for the 340B program, the Subcommittee was especially interested in how HRSA maintains the integrity of the program. There was no focused issue for the hearing, other than general oversight, however; concern was expressed about provider use of savings from the program.

HRSA reported that in the face of a U.S. District Court ruling last summer which limited the statutory authority of HRSA to issue regulations, HRSA will issue a notice of proposed rulemaking and a notice of proposed guidance later this year. The statutory authority for rulemaking will be limited to 340B ceiling prices, the imposition of manufacturer civil penalties and the implementation of a dispute resolution process. The guidance will cover additional issues such as whether incarcerated patients, when treated in an outpatient setting, are considered eligible 340B patients.

All of the witnesses agreed that until recently HRSA was not actively auditing the program. All agreed that HRSA must be more specific about who eligible patients are. They also agreed that there should be greater review of the use of the funds generated by the program.

- Wednesday, March 25, 2015, the U.S. House of Representatives passed House Concurrent Resolution 27, the FY2016 Budget Resolution. The budget resolution sets the level of discretionary spending and is a blueprint for changes in revenues and entitlement spending. In each case, Congress must take further action, i.e., Reconciliation, to implement appropriations for discretionary spending and make substantive changes in revenues and entitlements to fulfill the blueprint.

Key elements of the resolutions include repeal of the Patient Protection and Affordable Care Act (ACA), repeal of Medicaid expansion and block-granting Medicaid through new "State Flexibility Funds" with the Children's Health Insurance Program (CHIP) consolidated into Medicaid.

Congress will begin to earnestly consider the reconciliation of the budget resolution after the Supreme Court rules on *King v. Burwell*, deciding the status of the subsidies for individuals purchasing insurance through the Federal Exchange.

- Protection of Medicaid remains a key priority for the Cook County Health and Hospitals System at both the State and Federal level.

Upcoming Community Events

- March 27-29 CCHHS and CountyCare promotion, coupled with health screenings, at the **Black Women's Expo** at McCormick Place in Chicago. Over 25,000 people attend this 3 day event and competing health plans and hospitals systems will be exhibiting at the Expo. **ACHN COO Debra Carey** will be participating in a health panel entitled **Know Your Health Care Rights** with State Senator Mattie Hunter, Miriam O. Ezenwa, PhD, RN, Associate Professor University of Illinois and Dr. Kameron Matthews, Medical Director, University of Illinois.
- April 4 CountyCare promotion at the **Muévete! Move for Life!** event which promotes health and physical activity and is hosted in part by the **Humboldt Park New Communities Task Force** at the corner of Division and California in Humboldt Park in Chicago.
- April 7 & 14 South Suburban Cluster and CountyCare promotion at the **Prairie State College's 2015 Spring Health Fair** and **2015 Job Fair** in Chicago Heights. Participation in these events helps us target a younger, usually uninsured population.
- April 11 CountyCare promotion and Medicaid enrollment at the **2015 Chicagoland Community Restoring Justice Summit** hosted by **State Representative LaShawn Ford, the Wiley Resource Center and the John Marshall Law School** at the Michelle Clark High School located at 5101 W. Harrison in Chicago.
- April 16 Cicero Health Center and CountyCare promotion at the **A Celebration of the Young Child 2015** event hosted by the **All Our Kid Early Childhood Networks and the Cicero City Hall** at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero.
- April 18 CCHHS' Provident Hospital and Sengstacke Health Center host the annual **4 Men Only Health and Wellness Fair** which provides health screening including eye, blood pressure, HIV and hearing tests, to over 400 men who attend the event. Last year, over 75 men enrolled into CountyCare after visiting the event.
- April 18 CountyCare promotion at the **Minority Health Healthy Families** event hosted by **Peer Plus Education and Training Advocates** at Ray & Joan Kroc Community Center, 1250 W. 119th Street in Chicago.
- April 24 CCHHS and CountyCare promotion at the **9th Annual MaineStreamers "Swing into Spring" Senior Expo** hosted by the **Maine Township MaineStreamers** at the Golf Mill Shopping Center located at 239 Golf Mill Center in Niles.
- April 28 CCHHS and CountyCare promotion at the **Senior Citizen "A Rainbow of Opportunities" Expo Extravaganza** hosted by the **Buffalo Grove Park District and the Village of Buffalo Grove** at the Arboretum Club located at 401 Half Day Road in Buffalo Grove.
- April 29 Cicero Health Center and CountyCare promotion at the **Annual Morton College Job Fair** hosted by **Morton College** at the Vais Gymnasium located at 3801 S. Central Ave. in Cicero.

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
March 27, 2015

ATTACHMENT #8



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Strategic Plan Agenda

John Jay Shannon, MD

CCHHS Board

March 27, 2015

Overview

- Requirements per Enabling Ordinance
- Elements of strategic plan
- Process
- Timeline



Enabling Ordinance Expectations (2008): emphasis on revenue

Sec. 38-82:

.....the System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years

.....shall include in each Strategic and Financial Plan estimates of revenues

.....the County Board shall approve each Strategic and Financial Plan



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HS

Strategic Plan I March 27, 2015

Essence of strategic planning

- Why do we exist?
- How do we behave?
- What do we do? (business definition)
- How will we succeed?
- What is most important, right now?
- Who must do what?



Strategic Plan I March 27, 2015

Elements (traditional) of a health system strategic plan

- Quality and Safety
- Financial performance
- People
- Market role



Strategic Plan I March 27, 2015

Vision 2015

- Approved by system board in 2010
- Since adoption
 - Patient Protection and Affordable Care Act
 - IL strategy for Managed Medicaid in Cook County
 - National recovery from the Great Recession, regional economic challenges looming



Strategic Plan I March 27, 2015

Vision 2015: Core Goals

- Access to health services
- Quality, Service Excellence, Cultural Competence
- Service Line Strength
- Staff development
- Leadership



Strategic Plan I March 27, 2015

Our next strategic plan

- Timeline and milestones



Timeline for next plan

- Realistically and per ordinance:
for fiscal years 2016, 2017, 2018
- Preliminary considerations in budget for FY 2016
 - Opportunities to align traditional County budget format to current health system operational reality
 - Provider, Correctional Health , Public Health, CountyCare
- Final plan will impact budgets FY 2017, 2018



Strategic Plan I March 27, 2015

Traditional process

- Setting the stage: initiation and purpose
- Assessment
- Development of fresh vision and strategies
- Financial scope
- Determination of objectives: priority, owners, milestones, alignment



Strategic Plan I March 27, 2015

Critical assessments

- Mission, vision, values: who will we serve and how?
- Current environment of healthcare environment in region
- Workforce
 - Medical staff
 - Currency of skills
 - Diversity
 - Retirement impact
- Physical sites: location and utility of current hospitals*, clinics**
- Academic and business alignments
- Tools: electronic systems, equipment
- Board



Strategic Plan I March 27, 2015

Unique opportunity to address health care disparities of the poor of Cook County

- CCHHS: 2 hospitals
16 community-based clinics
3 regional specialty and diagnostic centers
CORE Center
- Correctional Health Services
- Cook County Department of Public Health
- CountyCare
- Clinical Data Warehouse (and growing claims database)
- 6700 budgeted FTEs



Strategic Plan I March 27, 2015

Forecasting

- Healthcare trends
 - Economics
 - Technologies-disruptive and “standard”
 - Workforce
 - Loco regional changes
- Politics and economics
 - Medicaid
 - Local, State, Federal support
 - Immigration reform and the uninsured
- Leadership: political, board, system, partners



Strategic Plan I March 27, 2015

Analytics needed

- “Traditional”/reactive healthcare
 - Within CCHHS
 - What we are learning from CountyCare
- Upstream drivers of health: “social determinants”
- Predictive analytics



Strategic Plan I March 27, 2015

Identity: academic health system?

- Historical focus and insularity
- Opportunities (?necessities) to expand beyond our tradition of training mainly physicians
- Finding the will and dollars to do education and clinical investigation correctly

What will we not do?



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Strategic Plan I March 27, 2015

Next steps

Assessment of Vision 2015

Develop “Vision 2018”

- Initiation : CCHHS leadership
- Assistance
- Board policy-setting

Board meetings

- Updates
- Strategic presentations



Strategic Plan I March 27, 2015